

PATENT
450190-02515

8/A 1/4
J. Douglas
9/22/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Toru Mineyama
Serial No. : 09/577,922
For : RECEIVER
Filed : May 24, 2000
Examiner : Michael W. Hoyer
Art Unit : 2614

RECEIVED

SEP 09 2003

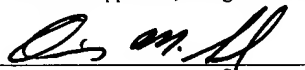
Technology Center 2600

745 Fifth Avenue
New York, NY
10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 5, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative



Signature

September 5, 2003

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 5, 2003, please amend the above-referenced application as follows:

IN THE TITLE

Please change the title from "RECEIVER" to ~~A RECEIVER FOR~~

A/cancel. FACILITATING THE VIEWING OF PROGRAMS BY A USER ~~..~~



PATENT
450100-02515

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Toru Mineyama
Serial No. : 09/577,922
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ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional fee |
|--------------------|--|-------|---|--|-------------|--------------------------|
| Total claims | 8 | Minus | = 20 | 0 x | \$18(9) | = \$00.00 |
| Independent claims | 1 | Minus | = 3 | 0 x | \$84(42) | = 00.00 |
| | | | | Total additional fee for this amendment | | \$00.00 |

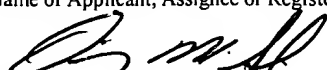
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$410 (\$205), __ \$930 (\$465), __ \$1,450 (\$725) for the requisite extension is due and __ paid herewith.
- ☐ A check in the amount of \$ __.00 is attached.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

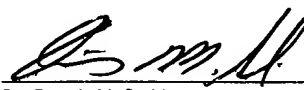
Name of Applicant, Assignee or Registered Representative


Signature

September 5, 2003

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)


By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800